

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155072		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 07/16/2013	
NAME OF PROVIDER OR SUPPLIER  BEECH GROVE MEADOWS				STREET ADDRESS, CITY, STATE, ZIP CODE 2002 ALBANY ST BEECH GROVE, IN 46107			
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F000000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>This visit included the Investigation of Complaint IN00131102.</p> <p>Complaint #IN00131102 - Unsubstantiated due to lack of evidence.</p> <p>Survey dates: July 8, 9, 10, 11, 12, 15, and 16, 2013</p> <p>Facility number: 000029 Provider number: 155072 AIM number: 100275200</p> <p>Survey team: Leia Alley, RN-TC Marcy Smith, RN Dinah Jones, RN</p> <p>Census bed type: SNF: 15 SNF/NF: 90 Residential: 11 Total: 116</p> <p>Census payor type: Medicaid: 74 Medicare: 12 Other: 30</p>			F000000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/01/2013  
FORM APPROVED  
OMB NO. 0938-0391

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	<p>Total: 116</p> <p>Residential Sample: 6</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on July 17, 2013; by Kimberly Perigo, RN.</p>						

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F000465 SS=E	<p>483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFOR TABLE ENVIRON</p> <p>The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.</p> <p>Based on observation and interview, the facility failed to ensure carpeting in residents' rooms was maintained as a flat surface, in order to promote a safe environment for the residents to ambulate. This had the potential to affect 10 residents who walked in their rooms. (Residents #93, #156, #54, #44, #12, #39, #177, #147, #17, and #10)</p> <p>Findings include:</p> <p>During a tour of resident rooms on 7/15/13 at 9:10 a.m., the following was observed:</p> <p>In Room 103, there was a 2' (foot) by 2" (inch) buckling in the carpet in front of the resident's bureau.</p> <p>In Room 104, there was a 10' by 2" buckling in the carpet from the entrance door to the middle of the room.</p> <p>In Room 109, there was a 2' by 2" buckling in the carpet in the middle of the room.</p>		F000465	<p>The creation and submission of this Plan of Correction does not constitute an admission by the provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation. This provider respectfully requests that the 2567 Plan of Correction be considered the Letter of Credible Allegation and requests a Desk Review on or after August 15, 2013.</p> <p><b>F465</b> <b>Safe/Functional/Sanitary/Comf</b> <b>ortable Environment</b></p> <p>It is the practice of this facility to provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.</p> <p><b>1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient</b></p>		08/15/2013	

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	<p>In Room 111, there was a 2' by 2" buckling in the carpet in front of the resident's bureau.</p> <p>In Room 114, there was a 3' by 2" buckling in the carpet at the entrance door to the room.</p> <p>In Room 201, there were two 1' by 2" buckling areas in the middle of the resident's room.</p> <p>In Room 206, there was 12' by 2" buckling from the entrance door running to the middle of the resident's room.</p> <p>In Room 208, there was a 4' by 2" buckling in the carpet in front of the resident's bureau.</p> <p>During an interview with the Executive Director on 7/15/13 at 9:40 a.m., she indicated these rooms were going to get new floors, but they were waiting for the corporate office to send the money.</p> <p>3.1-19(f)</p>		<p><b>practice?</b></p> <p>· Residents #93, #156, #54, #44, #12, #39, #177, #147, #17 and #10 identified to be affected by this deficient practice will have their carpet removed and replaced with vinyl flooring.</p> <p><b>2. How will you identify other residents having the potential to be affected by these same deficient practice and what corrective action will be taken?</b></p> <p>· All residents who have carpeting in their rooms have the potential to be affected by this deficient practice.</p> <p>· There were no other residents identified to have buckled carpet.</p> <p>· A survey of the building was completed and any residents who currently have carpet in their room will be scheduled to have their carpet removed and replaced with vinyl flooring once the materials arrive from the manufacturer. Materials have been ordered.</p>				

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				<p><b>3. What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?</b></p> <ul style="list-style-type: none"> <li>Removal of all carpet in the residents rooms in comprehensive resident unit by a subcontractor in the identified rooms.</li> <li>Monthly maintenance of the floors to maintain the proper condition of the flooring by the maintenance department.</li> <li>Environmental Services Director will conduct an inservice to the housekeeping staff on proper cleaning of the floors on August 1, 2013.</li> <li>ED/designee to inspect condition of carpet on a monthly basis. If concerns identified, corrections will be taken.</li> </ul> <p><b>4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</b></p>			

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				<ul style="list-style-type: none"> <li>The Maintenance Director or Designee will complete the CQI Floor Care Form 5 days per week for two weeks, then three times a week for 2 weeks then weekly for 4 weeks, and monthly for 6 months.</li> <li>If a 95% threshold is not achieved, an action plan will be developed.</li> <li>Results of these audits will be forwarded to the monthly CQI Meeting.</li> </ul> <p><b>5. The facility alleges date of compliance on August 15, 2013.</b></p>			